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PARENTS WITH ATTENTION-DEFICIT/HYPERACTIVITY
DISORDER CHILDREN: A NEEDS ASSESSMENT

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Sunshine Dawn Munesue-Tenerelli

June 2006

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Approved by:


Dr. Tom Davis, Faculty Supervisor
Social Work

6/13/06
Date


Andrea D. Heitz, L.C.S.W.,
Foothill Family Shelter


Dr. Rosemary McCaslin,
M.S.W. Research Coordinator

ABSTRACT

Children diagnosed with Attention Deficit/
Hyperactivity Disorder (ADHD) exhibit behaviors of
inattention, and or impulsivity-hyperactivity. Parents
with an ADHD child require additional assistance. Although
many interventions exist to manage ADHD, little is known
about the specific needs of parents with ADHD children.
The purpose of this study is to assess the needs of
parents with ADHD children. The study found that these
parents require more referral information as well as
additional support from professionals. This study found a
correlation between increased referral needs among these
parents and a special need for these parents to learn how
to facilitate their children's coping skills.

ACKNOWLEDGMENTS

As a graduate student, I would like to extend my appreciation to Dr. Tom Davis for his support and assistance through the process of completing this project. During the planning, gathering data, and analyzing stages, Dr. Davis provided needed encouragement throughout. Additionally, I would like to thank Tim Thelander for his assistance with the writing process.

I would like to offer my appreciation to Foothill Family Shelter, Children and Adults with Attention Deficit Disorder (C.H.A.D.D.) and the parents who participated in the study. With the support from these organizations and the participants, the study proceeded forward.

Most of all, I would like to thank my family and friends. They have supported me through these years with their encouragement and love. I owe this accomplishment to them.

DEDICATION

I would like to dedicate this research to both my brothers, Nicholas and Daniel, who both grew up with ADHD.

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CHAPTER ONE

INTRODUCTION

Attention-deficit/hyperactivity disorder (ADHD) interferes with the normal functioning of the child or adolescent and their interaction with the environment. Litner (2003) defines ADHD as "a complex neurobiological disorder believed to be caused by the malfunctioning of neurotransmitters, which are the brain's chemical messengers. The inefficiency of the neurotransmitters causes the brain to be less active on thinking tasks" (p. 137). Due to continuous research showing the cause of ADHD to be a neurological dysfunction, professionals view the disorder now as a medical condition rather than a psychiatric disorder (Yeschin, 2000). Children diagnosed with ADHD exhibit symptoms including inattention, impulsivity/ hyperactivity, or both, which create problems with their daily functioning abilities and intra/interpersonal relations. Raising a child with ADHD requires additional assistance due to the extra stress on the parents and family. By understanding how ADHD affects the family system, social workers can improve their interventions to better meet the needs of the family.

Problem Statement

As a chronic disorder, ADHD hinders the daily life of an individual who is diagnosed with it. For most, ADHD causes serious academic and social problems. The type and degree of the symptoms a person with ADHD suffers depend on the subtype they have, whether it is predominantly inattentive, predominantly hyperactive-impulsive, or inattentive and hyperactive-impulsive combined. Some symptoms seen from individuals with ADHD would include emotional immaturity, developmental delays, impatience, weak motor skills, hyperactivity and short attention span. From the perspective of Yeschin (2000), she states the life of a person with ADHD is affected by their inability to restrain their responses. Additionally, they show an inability to delay gratification, which results in them acting before thinking about the results (Litner, 2003). Without understanding from family members and society, interpersonal relationships may suffer. Living with ADHD, however, means learning how to cope with the daily symptoms for the child and family.

To improve the helping process, social workers can assess the needs of parents with ADHD children. Social workers, especially those in educational settings, perform an important part in recognizing ADHD in children,

planning an effective intervention, and providing services (Mueller, 1993). Although many interventions exist to manage ADHD, not many ask parents what they need, such as support services, information, community services, or individual and/or family counseling. As of yet, no study exists on the needs of parents with ADHD. On the other hand, Bailey and Simeonsoon (1988) conducted a study on the needs of handicapped children. Using this study as a model, a needs assessment for parents of ADHD children can be applied. By conducting a study on what families need, treatment plans can be utilized more effectively.

Policy Context

The policies addressing ADHD come from education and discrimination laws. As advocates for their clients, social workers assist in protection under such policies as the Americans with Disabilities Act of 1990, and the Rehabilitation Act of 1973. To do so, knowledge of the law becomes necessary to assist parents and their ADHD children.

As advocates, social workers may need to advocate for children with ADHD to assure that schools or other agencies do not discriminate against them. Section 504 of the Rehabilitation Act of 1973, also called Title 34, prohibited any programs or activities that received

Federal financial assistance from discriminating against a person due to their disability. A person qualifies under Section 504 if they have a history of impairment that affects one or more major life activities (MLAs), which for the case of ADHD includes learning (Reid, 1995). This law obligates school districts to provide free and appropriate public education (FAPE) for ADHD children that includes adjustments in the educational settings (Reid, 1995). In addition, it requires behavioral plans to be developed for children with ADHD (Reid, 1995). With respect to Section 504 [104.37] of Title 34, social workers shall protect disabled individuals from discrimination in other nonacademic services, including suggesting more restricted career choices due to disability (U.S. Department of Education, 1990). For support and advocacy purposes, social workers serve clients best when they know the discrimination laws.

As a disabled child, a child with ADHD qualifies for special education or modifications in their learning process. Introduced in 1997, the Individuals with Disabilities Education Act (IDEA) focused on Individual Education Programs (IEP) for the purpose of improved learning and teaching (OSEP, 1997). Under the IDEA, a child may enroll in special education classes if

considered eligible by an IEP Team. Yet if not eligible for special education classes then the law requires modification in their learning (OSEP, 1997). With IDEA, a child's IEP must include the child's current educational level and how their disability affects their learning process. The IEP Team documents goals for the child, special services used, and information on how the school will assist the child in attaining the goals (OSEP, 1997). Another item developed by the IEP Team includes a positive behavioral intervention plan if needed (OSEP, 1997). From a strengths perspective, this policy allows parents to be included in educational decisions for their child. Increasing families' knowledge on their child's qualification for educational modification empowers them to help their child.

Awaiting approval from the Senate, the Child Medication Safety Act of 2003 (HB 1350) passed through the U.S. House of Representatives in May of 2003. Written by Senators Ensign and Alexander, the bill intends to prevent schools from forcing parents to give their children controlled substances. If passed into law, school staff will be prohibited from commanding children take psychotropic drugs in order to stay in school for another purposes (Ablechild, 2003). The bill will empower parents

in determining what they feel suits their children the best.

Practice Context

Even though limited literature and research exist in social work regarding ADHD (McCleary, 2002), social workers play an important role in helping children with ADHD and their families. Whether a social worker works in private practice, education, or other agency, she/he needs to be able to identify and treat clients with ADHD. The forms of practice used depend upon whether they are used in a micro or macro level.

On a micro level of practice, social workers conduct individual and family counseling. Practitioners assess a child from a biopsychosocial view by factoring in biological factors, such as genetics and pregnancy complications, along with their environmental influences (Mueller, 1993). With exposure to negative feedback, children tend to experience low self-esteem and negative self-concept, which impacts the disability. Use of structured individual counseling helps a child learn to handle these issues in a more positive manner (Mueller, 1993). In some instances, family therapy may be needed to help parents with the stress of raising an ADHD child.

Individual and family counseling may be done in a school setting or counseling center.

In order to advocate for ADHD children and their families, social workers deal with ADHD on a macro level. ADHD advocates developed organizations such as Children and Adults with Attention Deficit Disorder (C.H.A.D.D.) and National Attention Deficit Disorder Association (ADDA) to support families with an ADHD child. Social workers should encourage parents to join a local chapter or start one in their community if one does not exist. To help members of the community understand ADHD, practitioners establish education classes and support groups. Not only will ADHD classes teach parents to understand ADHD more, it helps them to learn effective ways to manage the symptoms. Additionally, social workers may need to advocate for children in the school system and mediate between home and school (Mueller, 1993).

Purpose of the Study

The purpose of this study was to assess the needs of parents with ADHD children. Often, professionals provide treatment to families without asking them directly what their needs are. In addition, a needs assessment study

will provide information to social workers on what parents are not getting from current intervention models.

Besides the immediate family, treatment of ADHD expands into an interdisciplinary arena to include school officials, physicians, social workers, psychiatrists, and psychologists. Along with the home environment, the inattentiveness, hyperactivity, and impulsivity attribute to a child's school environment, such as performance and interactions with others. In 1991, the U.S. Department of Education informed schools of their legal obligation to identify and evaluate all children suspected of having ADHD (Gregg, 1995). However, only physicians and behavioral professionals may diagnose ADHD according to the DSM and standardized measurement instruments. A combined effort in communication among the family, school, and professionals assures a collaborative management of symptoms for an ADHD child. Parental feedback to determine whether experts meet the needs of the parents benefits the helping process.

Even though the child with ADHD suffers the symptoms, the stress level of parents increases. Psychostimulants prescribed to children alleviate a majority of symptoms of ADHD so the child can function on a level equal to non-ADHD children. Nevertheless, parents need another form

of intervention besides medication. Researchers suggest a combination treatment to include parent training along with psychostimulants (Anastopoulos, DuPaul, & Barkley, 1991). On the other hand, the needs of parents with ADHD children may include more than what the current parent training programs offer. Since the children rely on their family environments to assist in managing their symptoms, the knowledge of the parents is essential. In Booth's (2004) review, parents need to fully understand ADHD with help from professionals in order to teach those who are involved in caring for their children. To determine whether or not these special parents are given the proper tools to help their children, they should be asked what the needs are in parenting ADHD children. Increasing parents' ability to manage their child's ADHD symptoms may decrease parental strain.

Information regarding effective treatment for individuals with ADHD remains important for parents, ADHD individuals, organizations, and agencies. A number of professionals who treat ADHD join local chapters of C.H.A.D.D. and/or the ADDA. Both organizations actively conduct on-going research on ADHD and provide conferences and workshops for anyone from professionals to children. Within school districts, "the school social worker plays a

crucial role in identifying ADHD, developing a plan for helping the child and providing direct and indirect services to the child, the family, and the school" (Mueller, 1993, p. 104). Indirectly, mental health agencies need to understand ADHD since they also deal with ADHD clients, particularly those with comorbidity. Social workers, and other professionals who work with children, must increase their awareness of effective treatments in order to increase functioning abilities and decrease possible comorbidity among ADHD individuals.

In order to assess the needs of parents raising an ADHD child, a quantitative research design will best suit this study. Using a Likert scale, parents will be given the Family Needs Survey (Bailey & Simeonsoon, 1988) to rate their needs in raising a child with ADHD. The rationale for using this survey instrument is to examine the parents' views on what they feel they need to help them cope as a family system.

Significance of the Project for Social Work

ADHD is no longer labeled a childhood disorder. ADHD affects a majority of children way into their adolescent and adulthood. Treatment for ADHD becomes important early on since childhood disorders "lay the groundwork for

disorders of adolescence and adulthood" (Estrada & Pinsof, 1995, p. 403). When not treated properly or diagnosed accordingly, children with ADHD have a higher risk of dropping out of school and eventually struggling with employment. In addition, the risk of substance abuse as adolescents and adults increases for children with ADHD. Taking into consideration the many effects ADHD can have if not treated accordingly, the disorder indirectly becomes a societal problem.

In the end, the findings of a needs assessment for parents with ADHD children can provide change in the practice of social work. With information gathered from the parents themselves, the study intends to offer an inside look at what these special parents need in the management of their child's disorder. By doing so, social workers can facilitate different interventions in their services to assure parents' needs are met. From this study, agencies, including school districts, can implement policies and procedures that can better serve these families. Not only will this study contribute to the limited literature in social work on ADHD, hopefully it will encourage additional research from other social workers.

In relation to the intervention process, this study will explore the phases of assessing and planning. Through the survey, the study intends to assess the needs of parents with ADHD children for purposes of planning appropriate treatment methods. This study intends to answer the following questions: Do parents of ADHD children need more information on the illness? Do they need more support from external or internal sources? Do they feel training classes will help them? Overall, what are the needs of parents with ADHD children?

CHAPTER TWO

LITERATURE REVIEW

Introduction

Due to limited literature in the field of social work, a majority of the research collected was from the subjects of psychology, education, and medicine. Although the use of stimulant medication to treat ADHD has been researched since 1937 (Booth, 2004), an increased amount of knowledge and theories have developed over the past seven decades. Depending upon the researcher, suggestions for treatment of ADHD include parent management training, individual and family therapy, psychostimulants, and self-control therapy to name a few. No matter what form of treatment used, the ultimate result remains in the management of inattention, hyperactivity, and impulsivity in ADHD children.

Parental Needs Assessment

Bailey and Simeonsoon (1988) conducted a needs assessment study of families with handicapped infants. Items on the Family Needs Survey (FNS) fell into six categories: needs for information, needs for support, explaining to others, community services, financial needs, and family functioning. Survey questions focused on needs

for services rather than problems (Bailey & Simeonsoon, 1988). For easier comprehension, answers consisted of only three ratings to include "I definitely do not need help with this," "not sure," and "I definitely need help with this" (p. 120): Results indicated that both parents "wanted information about how to teach their child, currently available services, and services available in the future, as well as reading material about parents who have a child similar to theirs" (p. 121). However, mothers responded to needing "more time to themselves," reading materials about other similar families, ability to "talk with other parents of handicapped children," and assistance in explaining to others their child's condition (p. 123). Overall, the study concluded that the needs of families with handicapped infants vary, especially among mothers and fathers, and require a multidisciplinary approach.

Although the study of Bailey and Simeonsoon (1988) focuses on handicapped children, the instrument can be applied to children of ADHD. Since no studies or research exist on a needs assessment for parents with ADHD children, their study represents the closest relation to the following study. Their model will be used to conduct a needs assessment for parents of ADHD children in the

similar manner Bailey and Simeonsoon (1988) assessed the needs of parents with handicapped children.

Family Intervention

McCleary (2002) illustrated how the use of theories may contribute to social work practice in providing psychosocial treatment for ADHD clients and their families. According to cognitive appraisal, parental understanding of ADHD impacts the stress level of the parents and their appraisal of the behavior (McCleary, 2002). According to coping theory, parents' self-efficacy determines whether they choose emotional-focused or problem-focused coping strategies (McCleary, 2002). To improve self-efficacy, McCleary (2002) suggested support groups for parents along with ADHD education. Although a lack of social work literature exists regarding psychosocial treatments for ADHD (McCleary, 2002), the use of the theories assists in therapeutic interventions.

In an article written by Thomas and Corcoran (2003), the authors described ADHD treatments with family involvement among development stages for purposes of school social workers. For preschool-age children, research suggested parent training to improve child-parent interactions, which includes playing games and reading

stories (Thomas & Corcoran, 2003). In regards to school-age children, interventions included parent training, cognitive-behavioral strategies, social skills training, and combination treatments. They found parent training mitigated parental stress, increased parental confidence and lessened ADHD symptoms of the child (Thomas & Corcoran, 2003). Use of cognitive-behavioral training assisted ADHD children in problem solving and self-control while it improved the parental communication and anger management skills (Thomas & Corcoran, 2003). Children improved their interactions with peers and problem solving through the use of social skills training. For adolescents with ADHD, they recommend behavioral training, structural family therapy or problem-solving and communication training (Thomas & Corcoran, 2003). Through structural family therapy, parents learned how to control the adolescent behavior (Thomas & Corcoran, 2003). As a school social worker, one must understand the various treatments for each developmental stage in order to assist the children with ADHD and their families.

Parent Training

Through other studies, Estrada and Pinsof (1995) researched family intervention approaches to improve the

functioning of children with behavioral problems as seen in ADHD. Their research focused on many reports that examined the various forms of the parent management treatment model (PMT) and its effect on symptom management for ADHD children. According to Estrada and Pinsof's (1995) reviews of Barkley (1989), Abikoff (1987), and McMahon (1994), parent training improves the functioning of ADHD children through the use of cognitive-behavior therapy, teacher training, and child management. On the other hand, their review of Pisterman, McGrath, Firestone, and Goodman (1989) and Pisterman et al. (1992) indicated that PMT improved child compliance and parental skills, but showed no effect on other symptoms such as attentiveness and hyperactivity (Estrada & Pinsof, 1995). As a family intervention, PMT increased the behavioral interaction between child and parent but did nothing to assist in the management of core symptoms.

After years of conducting training programs for parents of children with behavior disorders and teaching this program to mental health professionals, Barkley wrote his (1987) book, *Defiant Children: A Clinician's Manual for Parent Training*, to assist the family environment. In the management training for parents of children with behavior problems, the goals for the program included the

competence of parents in dealing with behavioral problems, increased awareness of the reasons for misbehaving, and improvement of child compliance to parental commands (Barkley, 1987). According to Barkley (1987), when compliance was continuously not followed by positive reaction from the parent then over time the child would only comply when presented with a reward. In a family setting, a noncompliant child indirectly affects the family environment. To avoid negative behavior from the child, parents tend to assume more responsibilities and place an increased amount of chores on compliant siblings. Eventually it results in siblings resenting the child with the disorder and avoiding positive interaction. Unfortunately, negative and/or little family interaction may result in a child having low self-esteem and possible depression or other comorbidity (Barkley, 1987). Barkley (1987) believes that "when taught properly, this program can be significantly effective in diminishing or eliminating behavior problems in children" (p. 6).

Anastopoulos, Shelton, DuPaul, and Guevremont (1993) examined the extent parent training affected parenting self-esteem, parenting stress, and ADHD symptoms. The authors hypothesized that parents would experience less stress and improved self-esteem after parent training

(Anastopoulos, Shelton, DuPaul, & Guevremont, 1993). The sample consisted of a group assigned to parent training and another group waiting for parent training (Anastopoulos, Shelton, DuPaul, & Guevremont, 1993). Various different standardized instruments, used by researchers, measured such items as the severity of ADHD symptoms, the level of parenting stress, marital satisfaction, and parenting self-esteem (Anastopoulos, Shelton, DuPaul, & Guevremont, 1993). From Barkley's (1987) nine-session parent training (PT) program, one group of parents learned skills in managing the symptoms of their ADHD children, while the other group remained on a waiting list for the sessions. The results indicated changes in child behavior, decreased stress in parents, and improvements in symptom management and parental self-esteem among the PT group (Anastopoulos, Shelton, DuPaul, & Guevremont, 1993). Nonetheless, no change appeared in marital satisfaction between either one of the groups. Anastopoulos, Shelton, DuPaul, and Guevremont (1993) suggested others study "whether or not there are certain child or parent characteristics that allow for predicting for whom PT might be best suited" (p. 593). In the end, researchers discovered their hypothesis to be correct.

Self-Control Therapy

Estada and Pinsof (1995) also reviewed studies done on self-control therapy and the combination of treatment methods to monitor inattentiveness, hyperactivity, and impulsivity for ADHD children. To decrease hyperactivity, Horn, Ialongo, Popovich, and Peradotto, (1987) emphasized the use of child self-control therapy as cited in Estrada and Pinsof (1995). Even though evidence showed a decrease in hyperactivity with child self-control therapy, the behavior in school seemed to not be impacted which resulted in a need for school intervention (Estrada & Pinsof, 1995). Estrada and Pinsof (1995) found improvement in parent ratings of externalizing behavior and basic components of ADHD in the use of a combined treatment of medication and PMT plus self-control therapy. On the other hand, several studies by Satterfield, Satterfield, and Cantwell (1981) suggested that a combination of an individualized program and stimulant medication improved the "social adjustment, antisocial behavior, substance abuse, and academic achievement" (Estrada & Pinsof, 1995, p. 420). Overall, the various studies provided increased knowledge on many forms of treatment and the effectiveness of each.

Psychostimulants and Parent Training

A study presented by Anastopoulos, DuPaul, and Barkley (1991) reviewed the combined treatment of stimulant medication and behavior management training for parents. According to the authors, both treatments are considered to be the most effective therapy for ADHD children. The parent training conducted by Anastopoulos, DuPaul, and Barkley (1991) involved Barkley's (1987) ten steps. Even though psychostimulants enhance the child's attention, self-control, and academic performance, it should not be used alone for the treatment of ADHD. Researchers recommend adding a multimodal intervention program to "include parent training educational modification and classroom contingency management procedures" (Anastopoulos, DuPaul, & Barkley, 1991, p. 213). Overall, long-term maintenance of treatment increased the functioning of these special children.

Smith and Barrett (2002) agree with other researchers in regards to the combination of parent training and medication for decreasing the symptoms of ADHD. In their study, Smith and Barrett (2002) used the Child Behavior Checklist and Barkley's (1987) *Defiant Children* program to evaluate the effectiveness of parent training for three girls diagnosed with ADHD. Over the course of parent

training, the goal of Smith and Barrett (2002) was to determine any change in inattention and hyperactivity of the children. Raters observed the children on variables that included recording of off-task activities, hand fidgeting, body fidgeting, sounds, and time to compliance (Smith & Barrett, 2002). Results indicated an improvement in the most disruptive behaviors, such as fidgeting (Smith & Barrett, 2002). According to the findings of Smith and Barrett (2002), parent training with medication improved the ability for ADHD children to comply with rules but it did not help in other areas, such as inattention.

Theories Guiding Conceptualization

Depending upon the researcher, various theories help in explaining the needs of families with ADHD children. The more common theories include social learning theory, cognitive behavior theory, and object relations theory.

For ADHD children who need help controlling their behavior, social learning theory may be used. By observing the behaviors and reactions of others, children gain ideas on how they should act. According to Estrada and Pinsof (1995), the use of social learning theory brings a psychosocial emphasis to helping children with emotional and behavioral problems. Through parent training programs,

experts use a social learning process by teaching parents to model proper behaviors when dealing with their ADHD children. Additionally, teachers and therapists learn to model appropriate attitudes and behaviors to teach these behaviors and attitudes to their students and clients. The use of social learning theory helps in the control of symptoms for ADHD children.

Cognitive behavioral theory assists children with ADHD in controlling impulsivity. Through cognitive behavior theory, children learn to change their behaviors through unconscious repetition and conditioning as seen with self-control therapy. The purpose lays in the idea that children will be taught how to respond properly to different situations and practice repeating the responses. With practice, ADHD children will be able to manage their impulsive reactions.

Yeschin (2000) used object relations theory to clarify the extent ADHD affects individuals and their relationships with others. She defined object relations theory as "a psychoanalytic concept that describes how our perceptions and experiences with others are based upon our consistent and repetitive patterns of relationships with significant others, from infancy and throughout the life cycle" (Yeschin, 2000). Due to under inhibition of

responses, an individual with ADHD misinterprets a message from a non-ADHD person and responds according to their own interpretation, which the other person may view as inconsistent. Unfortunately, this miscommunication creates anxiety, confusion, and even arguments. Ultimately, individuals with ADHD face problems when it comes to social situations resulting in issues of low self-esteem and social isolation. Yeschin (2000) assisted others in understanding that based on her theory, ADHD individuals face problems in intra/interpersonal relationships. To maintain an emotional healthy relationship with family and friends, it is important to understand the effects of ADHD on individuals.

Summary

Although the literature provided various interventions for helping ADHD children and their families, it failed to provide information on the needs of these parents. Many studies offer informative findings on the effectiveness of parent training, along with the use of psychostimulants. Other treatment methods studied included self-control therapy and family therapy. Since the studies prove how each intervention helps, questions

relating to each will be included in the needs assessment of parents.

CHAPTER THREE

METHODS

Introduction

The researcher planned to collect data to determine the needs of parents with ADHD children. This section explains the study design chosen and the type of sampling conducted. Data collection will be discussed as to what type of instrument to use and the procedures for sampling. In addition to discussion of the needs, data analysis of the demographics and their effects on the needs were included.

Study Design

The study intended to evaluate the needs of parents with ADHD children. With the results, the study tested the parental validation of various approaches to meeting parents' needs. By doing so, practitioners will understand how to improve services to this population. To accomplish this, an exploratory quantitative survey design was used. Self-administered questionnaires were handed out to parents of children with ADHD for their opinions. At the end, the study intended to answer: What do parents with ADHD children need?

One limitation of the study included the difficulty of assuring a probability sample. Even though the surveys were handed out to two groups of parents (CHADD parents and parents from a parenting class conducted at Foothill Family Shelter), it seemed difficult to maintain a representative sampling. The results described the parents from these groups but were not completely able to generalize for the population as a whole.

Another limitation involved acquiring the access affecting the sample size of the study. Since the study required a specific category of parents, use of CHADD and a parenting class specific to ADHD became essential. Due to confidentiality, the survey was approved for use and permission granted to get access to parents. To get approval to conduct a parenting class at Foothill Family Shelter (FFS), the proposal of the study was presented to and approved by the licensed clinical social worker. Furthermore, getting parents to attend a presentation for purposes of filling out a survey became a bit difficult. Ultimately, the sample size was affected by the number of parents who were willing to attend the presentation and complete a survey. Getting access to the parents created an obstacle and changed the originally planned sample size.

Sampling

Surveys were handed out to parents from two sources. The study anticipated 20 parents to complete surveys from the CHADD chapter in Irvine, California, but only 16 were completed. Considering the CHADD chapter is an organization of professionals and parents with ADHD children, it represented a good source for finding parents. Plus, their meetings are held at the University of California of Irvine's (UCI) Child Development Center where special classes run for children with ADHD. To increase the representativeness of sampling, surveys were given to parents from an informational parenting class about ADHD that was held at Foothill Family Shelter. Parents were invited to come to the free presentation on ADHD and had the opportunity to receive a free gift for their child. Flyers about the event were given to local schools through the Resource Specialist to hand out to parents. By providing information and offering a gift, the study planned to prevent parents from feeling like their time was wasted. The original goal was 20 completed surveys, but only 15 were completed. By using both sources, the researcher intended to gather a wide diversity of parents.

Data Collection and Instruments

Participants received a questionnaire consisting of five pages. One page asked questions regarding demographics (see Appendix A). Following the demographics was a 3-point Likert scale with ordinal levels of measurement (see Appendix B). The scale measured from 1 (need this) to 3 (do not need this). Overall, the researcher anticipated taking about 15 minutes to complete.

In order to measure the needs of parents with ADHD children, the Family Needs Survey (FNS) was utilized (Bailey & Simeonsoon, 1988). This survey was originally designed for parents with handicapped children. To use it for this study, some questions were either altered or eliminated and additional relevant questions were added. To reduce confusion and simplify the survey, the rating ranged from 1 to 3 rather than an original 1 to 5 scale (Bailey & Simeonsoon, 1988). Instead of being problem-oriented, the statements were to need-oriented (Bailey & Simeonsoon, 1988). Examples include: "I need more information about my child's ADHD," and "I would like my child to meet more regularly with a counselor" (see Appendix C). Through use of the FNS, the needs of these parents were explored.

According to Bailey and Simeonsoon's (1988) study, the FNS showed reliability and partial validity. The reason for partial validity was that it showed internal validity since it measured the variable being studied. On the other hand, since the survey was never redone in another geographical location, there was no assurance of the external validity. Six months after the first survey, the retest showed stability for mothers ($r = .67$) and fathers ($r = .81$), which proved reliability. To assure the survey was culturally sensitive, items regarding religion were eliminated and questions asking a family's primary language were included.

Use of the FNS instrument offered some strengths and limitations. The needs addressed in the survey were limited to those the family can or chooses to list (Bailey & Simeonsoon, 1988). In addition, the survey addressed needs of intervention from a psychosocial perspective and limited needs from a multidisciplinary intervention. But for this study, a few statements were added to address medicine and education. Otherwise, the survey offered a variety of needs for parents with ADHD children. Plus, the original had five open-ended questions to obtain additional information about the needs unique to each family. However, the reasearcher decided against adding

open-ended questions for this study. Unlike Bailey and Simeonsoon (1988), the researcher for this study intended to pretest the instrument before handing it out to participants. Recognition of the limitations and strengths assisted in the reorganization of the survey for this study.

Procedures

Data will be gathered from parents of children with ADHD from the informational class and CHADD. The researcher will request permission from the Foothill Family Shelter to use their conference room to conduct a presentation for parents about ADHD and offer an opportunity to receive a free book. To solicit parents of ADHD children, information flyers will be given to local schools and agencies about the free presentation. Furthermore, permission will be requested from the Director of the UCI's Child Development Center (where CHADD meetings take place) to solicit the parents from the meetings. With assistance from other members of CHADD, parents will be asked to fill out the survey at the end of the meeting. The study intended to gather data from a diverse group of parents for improved generalization.

During the administering of the questionnaire, information will be provided to the participants regarding the study. Prior to handing out the questionnaire, the participants will be informed of the study and its purpose. On the front page of the questionnaire, an informed consent (see Appendix C) will tell the participants the purpose of the study and who to contact for questions. In addition, the participants will be asked to read, and take home with them, the debriefing statement (see Appendix D) at the end. The researcher planned to inform the participants of the reason for their participation and offer information.

Protection of Human Subjects

The participants of the study will remain anonymous. Names of the participants or their child(ren) will not be asked at any point in the survey. The only identifying information on the survey will be whether the data was collected via CHADD or the informational class. The informed consent (see Appendix A) tells the participants the following: their identity remains anonymous, the purpose of the study, who to contact if they have any concerns, when the completed study will be available, and approximately how long the survey will take them. In

addition, participants will be informed that the survey is voluntary and they may choose to withdraw at any point. On the bottom, the informed consent asks for a check mark to assure they read the information and agree to partake in the survey. Considering the only identification on the surveys included what source it comes from, anonymity is guaranteed. However, the information may be sensitive for some parents. To prepare for this, parents will be given a list of professionals in their area they may go to for further information or assistance (preparation of list in progress). Explanation of the list will be in the debriefing statement (see Appendix D).

Data Analysis

This study took an exploratory quantitative research approach. Due to the symptoms of ADHD, children tend to require similar services. Therefore, the reality is objective, representing a quantitative perception (Grinnell, 2001). Without a connection between the participant and the responses, the researcher remains value-free and unbiased by using a quantitative value base (Grinnell, 2001). The researcher planned an exploratory quantitative application of the data to explore the needs of parents with ADHD children.

To measure the concept of parental needs for parents who raise a child with ADHD, a survey will be used that categorizes the needs. The six categories include: needs for information, needs for support, help in explaining to others, community services, financial needs, and help in family functioning. Each category will have statements pertaining to the topic area. Using an ordinal level of measurement, parents will be asked to rank each statement according to how it pertains to them. For simplification purposes, a 3-point ranking was used. The order consisted of a 1 for "I need help with this," 2 for "Not sure," and a 3 for "I do not need help with this." The researcher intended to discover what areas parents need the additional help with. Additionally, the researcher will look for any variation of needs depending upon the relationship with the child, ethnicity, family type, and whether the child takes medication or not.

Using an exploratory quantitative research approach, the study will employ descriptive and inferential statistics. Since the purpose of the study consists of assessing the parents' needs, the results will present the needs marked with the greatest frequencies (the mode). For each category of needs, a frequency distribution will be provided. When looking at each need, a chi-square can be

calculated for each. Yet, when looking at the demographics of medication use and ADHD class attendance, then use of a t-test applies. The ANOVA will be utilized for comparison purposes of ethnicity, family type, and relationship to child. Overall, the data will be analyzed with use of both statistics.

Summary

Through the method section, information was given on how the research will be developed. The participants to be used in this study were discussed, along with how they will be protected. Furthermore, it included discussion of the instrument and the procedures for administering it. Explanation was given as to how the data will be analyzed. With the methods provided, a needs assessment for these parents will be determined.

CHAPTER FOUR

RESULTS

Introduction

Included in Chapter Four will be the outline of demographics for the study sample as a whole. Statistical findings will be presented including sample frequencies and bivariate correlations.

Presentation of the Findings

A total of 31 participants completed the survey in this study. Sixteen were in the CHADD group, participants who attended a CHADD meeting, and fifteen were from the FFS group, participants who completed the survey at the Foothill Family Shelter. The participants reported their relation to the child as follows: 80% were mothers, 7% were fathers, 7% were grandparents, 3% were foster parents, and 3% marked other. Figure 1 shows the distribution of relationship between the two groups.

The ethnicity breakdown comprised of 51% Caucasian, 23% Hispanic, 13% African American, 10% Asian/Pacific Islander, and 3% marked other. Figure 2 demonstrates the difference between the two comparison groups.

Forty-five percent of all participants responded being part of a two-parent family. Only six out of fifteen

participants in the FFS group reported being part of a two-parent family, as opposed to half of the CHADD participants. Single parents represented 41% of the total sample, with 46% of the FFS group being single parents compared to 38% of CHADD group. Figure 3 shows the difference between the relations.

Of the whole sample, 61% of the parents reported their children to be on medication (see Figure 4). From the FFS group 53% conveyed their children were medicated compared to 69% of the CHADD group.

When asked whether the participants attended classes on ADHD, 39% of the sample reported they had (see Figure 5). In the FFS group, 33% of the participants attended an ADHD class whereas 44% from the CHADD group did.

Table 1. Correlation between Information
Attention-Deficit/Hyperactivity Disorder and Information
on Staying on Task

Information on Staying on Task		
Information on ADHD	Pearson Correlation	.712
	Sig. (2-tailed)	.000
	N	31

The relationship between information on ADHD for children and information on staying on task was investigated using Pearson product-moment correlation coefficient. There was a high, positive correlation between the two variables [$r = .71$, $n = 31$, $p < .000$], with a high need for information on ADHD for children associated with a high need for information on staying on task.

Table 2. Correlation between Information about Attention-Deficit/Hyperactivity Disorder and Information on Professionals

	Information on Professionals	
Information about ADHD	Pearson Correlation	.600
	Sig. (2-tailed)	.000
	N	31

The relationship between information about ADHD and information on professionals was investigated using Pearson product-moment correlation coefficient. There was a high, positive correlation between the two variables [$r = .60$, $n = 31$, $p < .000$], with a high need for

information about ADHD associated with a high need for information on professionals.

Table 3. Correlation between Information on Handling Symptoms and Information on Services in Schools

Information on Services in Schools		
Information on Handling Symptoms	Pearson Correlation	.817
	Sig. (2-tailed)	.000
	N	31

The relationship between information on handling symptoms and information on services in schools was investigated using Pearson product-moment correlation coefficient. There was a high, positive correlation between the two variables [$r = .81$, $n = 31$, $p < .000$], with a high need for information on handling symptoms associated with a high need for information on services in schools.

Table 4. Correlation between Information on Professionals and Information on Services

Information on Services		
Information on Professionals	Pearson Correlation	.800
	Sig. (2-tailed)	.000
	N	31

The relationship between information on services and information on professionals was investigated using Pearson product-moment correlation coefficient. There was a high, positive correlation between the two variables [$r = .80$, $n = 31$, $p < .000$], with a high need for information on services associated with a high need for information on professionals.

Table 5. Correlation between Support from Friends and Support within Family

Support within Family		
Support from Friends	Pearson Correlation	.759
	Sig. (2-tailed)	.000
	N	31

The relationship between support within family and support from friends was investigated using Pearson product-moment correlation coefficient. There was a high, positive correlation between the two variables [$r = .75$, $n = 31$, $p < .000$], with a high need for support within family associated with a high need for support from friends.

Table 6. Correlation between Explaining to Friends and Time Alone with Spouse

Time Alone with Spouse		
Explaining to Friends	Pearson Correlation	.529
	Sig. (2-tailed)	.002
	N	31

The relationship between time alone with spouse and explaining to friends was investigated using Pearson product-moment correlation coefficient. There was a high, positive correlation between the two variables [$r = .52$, $n = 31$, $p < .002$], with a high need for time alone with spouse associated with a high need for help explaining to friends.

Table 7. Correlation between Community Support Group and Support of Reading Materials

Community Support Group	Support of Reading Materials	
	Pearson Correlation	.715
	Sig. (2-tailed)	.000
	N	31

The relationship between support of reading materials and community support group was investigated using Pearson product-moment correlation coefficient. There was a high, positive correlation between the two variables [$r = .71$, $n = 31$, $p < .000$], with a high need for support of reading materials associated with a high need for a community support group.

Table 8. Correlation between Locating a Doctor and Locating a Counselor

Locating a Doctor	Locating a Counselor	
	Pearson Correlation	.717
	Sig. (2-tailed)	.000
	N	31

The relationship between locating a doctor and locating a counselor was investigated using Pearson product-moment correlation coefficient. There was a high, positive correlation between the two variables [$r = .71$, $n = 31$, $p < .000$], with a high need for locating a doctor associated with a high need for locating a counselor.

Table 9. Correlation between Community Support Group and Family Recreation

Community Support Group	Family Recreation	
	Pearson Correlation	.591
	Sig. (2-tailed)	.000
	N	31

The relationship between community support group and family recreation was investigated using Pearson product-moment correlation coefficient. There was a high, positive correlation between the two variables [$r = .59$, $n = 31$, $p < .000$], with a high need for a community support group associated with a high need for decision making on family recreation.

Table 10. Correlation between Family Chores and Family Recreation

Family Recreation		
Family Chores	Pearson Correlation	.790
	Sig. (2-tailed)	.000
	N	31

The relationship between family chores and family recreation was investigated using Pearson product-moment correlation coefficient. There was a high, positive correlation between the two variables [$r = .79$, $n = 31$, $p < .000$], with a high need for decision making on family chores associated with a high need for decision making on family recreation.

Summary

The findings of this study provided information about the needs of parents with ADHD children. A majority of the correlations came from the Needs for Information section of the survey. This seems to be due to parents reporting a high need for information. Parents also reported a need for support from family, friends, and a community support group for parents. Although there were some demographic

differences between the CHADD group and the FFS group,
both seemed to be similar in their needs.

CHAPTER FIVE

DISCUSSION

Introduction

Chapter five will discuss in detail the findings of the parental assessment study, including correlations when appropriate. Limitations of the study will be discussed. Additionally, the implications to social work practice and future areas of research will be discussed.

Discussion

A profile of the study's demographics offer an informative profile of the study sample. From the 31 participants, a majority of them were mothers of ADHD children. Interestingly enough, a few were fathers, grandparents, and foster parents. As for ethnicity, the majority were Caucasian with Hispanics representing the next highest, while the rest were African American and Asian American. Although Bussing, Zima, Gary, and Garvan (2003) only compared African American and Caucasian children, they report that "Caucasian children had more than twice the odds of African American children to receive an evaluation, get an ADHD diagnosis, or be under current treatment" (p. 181-182). This study seems to represent similar results.

This study was able to detect a difference in groups regarding family description. Participants from the CHADD group seemed to have a higher report of two parent homes compared to the FFS group. This may be due to their geographical locations. The CHADD participants were taken from the Orange County area whereas the FFS group came from the Inland Empire with some of the participants coming from a homeless shelter. The difference might be linked to financial issues because of the financial stress some of the parents in the FFS group may face.

When comparing the medication and attendance of ADHD classes, the CHADD group was higher on both. More parents from the CHADD group reported their child being on medication and attending ADHD classes. Regarding both, this could be due to the lack of resources in the Inland Empire. Currently, there are no CHADD groups in the Inland Empire to provide guidance and resources to parents of ADHD children. In Orange County, there are two CHADD groups plus the University of California, Irvine's Child Development Center that specializes in ADHD. If parents in the Inland Empire had as many resources as those in Orange County, then it is possible the difference would not be as significant.

The results of this study indicated a variety of needs for parents with ADHD children. The survey was divided into six areas of needs, which included Needs for Information, Needs for Support, Explaining to Others, Community Services, Financial Needs, and Family Functioning. Although a significant number of correlations existed, only the highest ten were chosen.

Information on the child's ADHD showed a positive correlation with two other variables. One of the correlations existed between information on staying on task, while the other correlation existed between information on professionals. These correlations indicate that when a parent needs information on how to talk to their child about ADHD, they also need information on how to get their child to stay on task and more information on specialists and professionals who specialize in ADHD. Parents seem to need assistance from professionals, such as social workers, to assist them in learning techniques to keep their child focused and teach their children about ADHD.

Two variables that showed a relationship within the Needs for Information section included information on handling symptoms and information on services in schools. From the results, parents who seek information on how to

teach their child to handle the symptoms seem to need information about the services available to their child in the school district. Since ADHD symptoms can be disruptive within the school environment, it would be logical that parents would need to know about services available at the school and how they can teach their child to handle their symptoms when at school in order to succeed academically.

Another correlation in the Needs for Information section involved the variables of information on services and information on professionals. According to the survey results, parents who need information for services that are available to their child in the school district will also need information on specialists and professionals who specialize in ADHD. This means parents of ADHD children seem to want to assist their children in both school and outside of school. School social workers should be aware that when parents come to the school for assistance with their ADHD child, they may want to provide a parent with not only the resources available in the school but also a list of specialists and professionals in the area that have an expertise in ADHD. That way, children are getting assistance in both environments.

Within the Needs for Support section, a correlation exists between support within family and support from

friends. It seems that parents with ADHD children need more friends to talk to along with someone in their family they can talk to about their challenges. From the study, it seems these parents lack the support of others to confide in and talk with about the struggles of raising an ADHD child, which can lead to depression for the parent.

Interestingly, time alone with spouse and explaining to friends showed a correlating comparison. According to the results, parents who need help in knowing how to respond when friends or neighbors ask questions about their child's condition and behavior also need more time alone with their spouse or significant other. Parents may not have enough alone time because they have a hard time finding childcare due to being unable to know how to explain the child's ADHD.

A relationship existed between support of reading materials and community support group. Parents reported a need for reading materials about other parents who have an ADHD child, while also reporting to need help locating a support group for parents with ADHD children. This means that parents feel a need to learn from individuals who have experienced the same, whether it be reading about it or talking among other parents about their experiences. From this information, parents who have experienced

raising an ADHD child may help other parents by presenting their stories at a support group, such as CHADD, or by writing a small book.

In the Community Services section, locating a doctor correlated with locating a counselor. From the survey, parents who reported needing help locating a doctor who understands the child's needs also needed help locating a counselor who understands ADHD. According to this information, parents want to know information which doctors and counselors in their community are educated about ADHD to help their children. Parents seem to be concerned with receiving help from a doctor or counselor who may not understand the full scope of ADHD and be unable to help their child.

A correlation of two variables from two different sections included help with a support group and help on family recreation. Parents of ADHD children reported needing help locating a support group in their community for parents with ADHD and also help deciding on recreational activities to do with the family. This means that parents who seek support groups also seek advice from other parents on what recreational family activities would be best for their family with an ADHD child especially if the child is hyperactive.

Under the Family Functioning section of the survey, a correlation existed between family chores and family recreation. According to the results, parents who needed help deciding on who will do household chores and other family tasks also needed help on deciding what recreational activities to do with the family. Due to the symptoms of an ADHD child, the parents seem to have difficulty determining how family chores and duties should be divided as well as what recreational activities would be best suited for a child with ADHD.

Limitations

The population of parents surveyed for this study came from CHADD meetings and from Foothill Family Shelter. In order to get a significant number of parents from CHADD meetings to fill out the surveys, it required attending several meetings over a few months. Gathering the surveys from the Foothill Family Shelter parents required a period of two months because not all the parents were available at the same time. Considering the surveys were given to these two groups of parents, this limits the generalizability to the population of parents with ADHD children.

Another limitation was the survey itself. After close review of the survey, it seemed it needed to be shortened. Due to the length of the survey, it may be possible parents began to lose attention towards the end causing inaccurate answers.

This study involved 31 participants between both groups. To further look into the needs of parents with ADHD, a larger sample size would have provided more generalized results. When reading the results of this study, the sample size should be taken into consideration.

Recommendations for Social Work Practice, Policy and Research

After review of the study's results, social workers may take into consideration the needs of these parents along with possibilities for future research. Overall need for information seemed to be apparent within the total parent population. According to the responses, parents need more information. The highest need reported was Information on Handling Behavior. With this knowledge, social workers need to facilitate different interventions in their services to assure parents' needs are met. Social workers, particularly those in the schools, must be prepared with local resources and information.

Participants from this study seemed to report a wide range of needs. As advocates for this population, social workers must work for improved resources. Comparing both groups, there seems to be a lack of support services for parents in the Inland Empire. When reviewing the parental needs, it seems adequate to say that a clinic specializing in ADHD would assist in meeting most of the parental needs. With a clinic, social workers could collaborate with other professionals to provide ADHD classes for parents, counselors and doctors who specialize in ADHD, support groups, social skills classes and other vital resources. Overall, parents could feel a sense of community support and a place to go for assistance.

Conclusions

The study found parents of ADHD children to have a variety of needs. The interpretation of these findings indicated a need for assistance from professionals who are specialized in ADHD and assistance to learn how to control the symptoms associated with ADHD. Additionally, parents seem to lack the support needed to cope with the challenges. This can be a concern for these families due to parents being at risk for feelings of overwhelm and possible depression. From this study, social workers

should be prepared to assist these parents in their needs to improve the functioning of the family as a whole. Further research should be implemented with a larger sample and possibly within various school districts.

APPENDIX A
DEMOGRAPHICS QUESTIONNAIRE

Survey Questionnaire

A Study of the Needs of Parents with ADHD Children

Part I: Background

This section asks a few questions about you and your family. Please write or circle your answer.

What is your relationship to the child?

1. Mother
2. Father
3. Grandparent
4. Foster parent
5. Other (please specify) _____

What is your ethnicity?

1. White
2. African American
3. Hispanic
4. Asian/Pacific Islander
5. Other (please specify) _____

Which of the following best describes your family?

1. Two-parent family
2. Single-parent family
3. Relative/Guardian
4. Step-parent family
5. Other (specify) _____

What is your primary language at home?

1. English
2. Spanish
5. Other (specify) _____

Is your child on medication?

1. Yes
2. No

Have you ever attended classes on ADHD?

1. Yes
2. No

APPENDIX B
FAMILY NEEDS SURVEY

Part 2: Needs of Parents

In this section you will be asked about your needs as a parent with an ADHD child. For each statement, please indicate whether you (1) need help with this, (2) not sure, or (3) do not need help with this by writing the number next to each question.

- 1 = I need help with this
- 2 = Not sure
- 3 = I do not need help with this

Needs for Information

1. I need more information about my child's condition of ADHD. _____
2. I need more information about how to handle my child's behavior. _____
3. I need more information about how to teach my child to handle the symptoms. _____
4. I need more information on how to talk to my child about ADHD. _____
5. I need more information on how to get my child to pay attention more. _____
6. I need more information on how to get my child to sit still. _____
7. I need more information on how to get my child to stay on task. _____
8. I need more information on the services that are available for my child. _____
9. I need more information about the services available in the school districts. _____
10. I need more information about how children grow and develop. _____
11. I need more information on medications available for my child. _____
12. I need more information on the side effects of medication. _____
13. I need more information on specialists and professionals who specialize in ADHD. _____

Needs for Support

14. I need to have someone in my family that I can talk to more about problems. _____
15. I need to have more friends that I can talk to. _____

16. I need to have more opportunities to meet and talk with other parents of ADHD children. _____
17. I need to have more time just to talk with my child's teacher. _____
18. I would like to meet more regularly with a counselor (psychologist, social Worker, psychiatrist) to talk about problems. _____
19. I would like to have my child meet more regularly with a counselor. _____
20. I need reading material about other parents who have an ADHD child. _____
21. I need to have more time for myself. _____
22. I need to have more alone time with my spouse. _____

Explaining to Others

23. I need more help in how to explain my child's condition to his or her siblings. _____
24. I need more help in explaining my child's ADHD to my spouse. _____
25. I need more help in explaining my child's ADHD to grandparents. _____
26. My spouse needs help in understanding and accepting our child's condition. _____
27. I need help in explaining my child's condition to my child's teacher. _____
28. I need help in knowing how to respond when friends or neighbors ask questions about my child's condition and behavior. _____
29. I need help in explaining my child's ADHD to other children. _____

Community Services

30. I need help locating a doctor who understands my child's needs. _____
31. I need help locating a counselor who understands ADHD. _____
32. I need help locating a day care center, preschool, or after care for my child. _____
33. I need help locating a support group for parents with ADHD children. _____

Financial Needs

34. I need more help in paying for expenses such as food, housing, medical care, clothing, or transportation. _____
35. I need more help in paying for tutoring for my child's learning. _____
36. I or my spouse need help paying for counseling. _____
37. I need more help paying for counseling for my child. _____

Family Functioning

38. Our family needs help in discussing problems and reaching solutions. _____
39. Our family needs help in learning how to support each other during difficult times. _____
40. Our family needs help in deciding who will do household chores, child care, and other family tasks. _____
41. Our family needs help on deciding on and doing recreational activities. _____

APPENDIX C
INFORMED CONSENT

Informed Consent

The survey you are about to fill out will be used in a study regarding the needs of parents with ADHD children. Conducted by Sunshine Munesue-Tenerelli, this study is under the supervision of Assistant Professor Tom Davis, Ph.D., Department of Social Work. Approval for this study was done by the Social Work subcommittee of Institutional Review Board, California State University, San Bernardino.

In this study, you will be asked to respond to statements regarding your child with either "I need help with this," "Not sure," or "I do not need help with this." The study should take about 10 to 15 minutes to complete. The researcher will hold your responses with the strictest of confidentiality. Your name or your child's names will not be reported with your responses. All information will be reported in a group form only. Upon completion of this study, you may review the group results on July of 2006 at the Pfau Library of California State University of San Bernardino.

Your participation in this study is completely voluntary. You are free to not answer any questions and withdraw at any time during this study without penalty. By completing this questionnaire, you will be providing helpful information about your opinions. When you have completed the study, you will receive a debriefing statement describing the study in more detail and a book for your child. In order to ensure the validity of the study, we ask that you not discuss this study with other participants.

If you have any questions or concerns about this study, please feel free to contact Dr. Tom Davis at (909) 880-5501.

By placing a check mark in the box below, I acknowledge that I have been informed of, and that I understand, the nature and purpose of this study, and I freely consent to participate. I also acknowledge that I am at least a parent of an ADHD child and at least 18 years of age.

Place a check mark here: _____

Today's date: _____

APPENDIX D
DEBRIEFING STATEMENT

A Study of the Needs of Parents
With ADHD Children

Debriefing Statement

The purpose of the study you just participated in was to determine your needs as a parent with an ADHD child. Raising a child with ADHD can be challenging and require additional resources compared to raising a non-ADHD child. Through this study, the plan is to determine whether needs are being met and what needs remain unmet.

If you feel that you need additional services for your children and/or yourself, please call your local Mental Health Agency. For Orange County, call (714) 834-6032. For San Bernardino County, call (909) 387-7053.

Thank you for participating in this study and taking the time out to do so. If you have any questions about the study, please feel free to contact Sunshine Munesue-Tenerelli or Professor Tom Davis, Ph.D. at (909) 880-5501. If you would like to obtain a copy of the group results of this study, please contact Professor Tom Davis, Ph.D. at (909) 880-5501 at the end of June of 2006.

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